PAGE 1 / 18

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For Other Than A	an Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Protecting Choice in	n California, a proje	ect of Planned Parenthood A	ffiliates of California
<u> </u>			
ADDRESS (number and street	555 Capitol Mall, Su	uite 1425	
Check if different than previously reported. (ACC)	Sacramento		CA 95814 -
2. FEC IDENTIFICATION	I NUMBER ▼	CITY ▲	STATE ▲ ZIP CODE ▲
C C00556860		3. IS THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Repo July 15 Quarterly Repo October 15 Quarterly Repo January 31 Year-End Repo July 31 Mid-Yea Report (Non-ele Year Only) (MY Termination Re (TER)	rt (Q2) rt (Q3) rt (YE) ar ection) (C) 12-Day PRE-Elector Report fo 30-Day POST-Elector Report fo	Election on General (30G)) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period	10 01	2016 through 10	192016
I certify that I have examine Type or Print Name of Treas	OConnor, Rose, , ,	best of my knowledge and belief it is t	rue, correct and complete.
Signature of Treasurer	OConnor, Rose, , ,	[Electronically Filed]	Date 10 / 27 / 2016
NOTE: Submission of false, e	rroneous, or incomplete in	formation may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 121477.43 January 1. 2016 (b) Cash on Hand at 198450.85 Beginning of Reporting Period..... 39484.93 125654.56 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 247131.99 237935.78 6(a) and 6(c) for Column B)..... 154575.93 163772.14 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 83359.85 83359.85 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 3920.02 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 24484.93 63716.63 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 63716.63 24484.93 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 15000.00 55937.93 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 119654.56 39484.93 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 6000.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 125654.56 39484.93 20. Total Federal Receipts 39484.93 125654.56 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbur		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditur (a) Allocated Federa 	al/Non-Federal		Carring Four to Date
Activity (from So	· · · · · · · · · · · · · · · · · · ·	0.00	0.00
(i) Federal Sha	are	4.00	0.00
` '	I Share	0.00	0.00
(b) Other Federal C Expenditures	perating	125000.00	125365.01
(c) Total Operating	Expenditures	10500000	405005.04
	y(ii), and (b))▶	125000.00	125365.01
2. Transfers to Affiliated Committees	•	0.00	0.00
 Contributions to Federal Candidates/O and Other Political C 	Committees	0.00	0.00
. Independent Expend	tures	4 4	
(use Schedule E) Coordinated Party Ex	 openditures	5000.00	6958.53
(52 U.S.C. § 30116(c) (use Schedule F)		0.00	0.00
. Loan Repayments M	ade	0.00	0.00
'. Loans Made		0.00	0.00
. Refunds of Contribut (a) Individuals/Perso Than Political Co		0.00	0.00
		0.00	0.00
(b) Political Party C(c) Other Political C	ommittees	0.00	0.00
` '		0.00	0.00
(d) Total Contributio	n Refunds), (b), and (c))	200	
(aud Lilles 20(a)	,, (b), and (c))	0.00	0.00
. Other Disbursements	,		04440.00
Non-rederal Donallor	ns)	24575.93	31448.60
	vity (52 U.S.C. § 30101(20))		
(a) Allocated Federa (from Schedule	-		
	9	0.00	0.00
(jj) "l evin" Shar	e	0.00	0.00
(b) Federal Election	Activity Paid	0.00	0.00
•	deral Funds ection Activity (add	0.00	0.00
	0(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements	(add Lines 21(c), 22,		
	8(d), 29 and 30(c))	154575.93	163772.14
. Total Federal Disburs			
(subtract Line 21(a)(i			
110111 LITTE 31)		154575.93	163772.14

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/	COLUMN A	COLUMN B
Operating Expenditures	Total This Period	Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	39484.93	119654.56
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39484.93	119654.56
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	125000.00	125365.01
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	125000.00	125365.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FC	FOR LINE NUMBER:			PAGE	6	OF	18		
(c	he	ck only	or	ie)					
	X	11a		11b		11c	12		
		13		14		15	16	,	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Northern California Action Fund Date of Receipt Mailing Address P.O. Box 1116 11 2016 City State Zip Code Transaction ID: INCA843 CA Concord 94522 Amount of Each Receipt this Period FEC ID number of contributing 10919.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 10919.17 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Orange and San Bernadino Counties Community Action Fund Date of Receipt Mailing Address 700 South Tustin Avenue 10 2016 City State Zip Code Transaction ID: INCA844 CA Orange 92866 Amount of Each Receipt this Period FEC ID number of contributing 13565.76 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 13565.76 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 24484.93 SUBTOTAL of Receipts This Page (optional)..... 24484.93 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	F	FOR LINE NUMBER: PAGE 7 OF							1	8		
	(0	(check only one)										
			11a		11b	X	11c		12			
			13		14		15		16		1	7
not be sold or used by any pe	rso	n fo	or the i	our	ose o	fsc	licitina	CO	ntrib	ution	s	

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Advocates Mar Monte Candidate PAC Date of Receipt Mailing Address 555 Capitol Mall, Suite 1425 2016 City State Zip Code Transaction ID: INCA825 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 8000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 15000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Advocates Mar Monte Candidate PAC Date of Receipt Mailing Address 555 Capitol Mall, Suite 1425 10 2016 City State Zip Code Transaction ID: INCA826 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 7000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 15000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 15000.00 SUBTOTAL of Receipts This Page (optional)..... 15000.00 TOTAL This Period (last page this line number only).....

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Lies congrete schodule(s)	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions for soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name (Last, First, Middle Initial) A. Blueprint Interactive Mailing Address 1155 Connecticut Avenue, NW Suse 601 City State District: District: District: District: District: District: District: District: District: Full Name (Last, First, Middle Initial) District: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: First Middle Initial) C. Category' Type Office Sought: First Middle Initial) C. Category' Type Office Sought: First Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) C. Category' Type Office Sought: Full Name (Last, First, Middle Initial) District: Substort L of Disbursement For: District: Amount of Each Disbursement Init Rep	ITEMIZED DISBURSEMENTS			(check only	nly one)			
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ITEMIZED DISBURSEMENTS		se separate schedule(s each category of the etailed Summary Page	FOR LINE (check only 21b 28a	_		
				on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Fu Protecting Choice in	California, a proje					
Full Name (Last, First, Middle A. Planned Parenthood of Orange Mailing Address 555 Capitol Mailing Address	and San Bernardino Cour	nties Community Action	n Fund PAC	Date of Disbursement 10 04 2016		
		7: 0				
City Sacramento	State CA	Zip Code 95814		FEC Identification Number		
Purpose of Disbursement Refund of Contribution Candidate Name	,	ı		C Transaction ID : EXPB822		
Planned Parenthood of Orange and Sar	Bernardino Counties Communi	ity Action Fund PAC	Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Senate Preside	Disbursement Prim. Othe			7000.00 Memo Item		
State: District:				wemo item		
B. Planned Parenthood of Orange	Full Name (Last, First, Middle Initial) Planned Parenthood of Orange and San Bernardino Counties Community Action Fund PAC Mailing Address 555 Capitol Mall, Suite 1425					
City	State	Zip Code		FEC Identification Number		
Sacramento Purpose of Disbursement Refund of Contribution	CA	95814		C Transaction ID - EXPENSE		
Candidate Name Planned Parenthood of Orange and Sa	n Bernardino Counties Communi	ity Action Fund PAC	Category/ Type	Transaction ID: EXPB823 Amount of Each Disbursement this Period		
Office Sought: House Senate Preside State: District:	Disbursement Prim. Othe			6656.76 Memo Item		
Full Name (Last, First, Middle C. Vote Planned Parenthood North	,	ned Parenthood No. CA	A Action Fund	Date of Disbursement		
Mailing Address 555 Capitol M	all, Suite 1425			10 04 2016		
City Sacramento Purpose of Disbursement	State CA	Zip Code 95814		FEC Identification Number		
Refund of Contribution Candidate Name Vote Planned Parenthood Northern CA a project of Planned Parenthood No. CA Action Fund Cai				Transaction ID : EXPB820 Amount of Each Disbursement this Period		
Office Sought: House Senate Preside	Disbursement	For:	Туре	7000.00 Memo Item		
State: District:				Wone for		
SUBTOTAL of Disbursements Th	nis Page (optional)		<u> </u>	20656.76		
TOTAL This Period (last page th	is line number only)		·····			

	EMIZED DISBURSEMENTS	for each c	rate schedule(s) category of the Summary Page	FOR LINE N (check only of 21b 28a				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
\rangle	NAME OF COMMITTEE (In Full) Protecting Choice in California, a p	roject of	Planned Par	enthood A	Affiliates of California			
۹.	Full Name (Last, First, Middle Initial) Vote Planned Parenthood Northern CA, a project of Mailing Address 555 Capitol Mall, Suite 1425	ction Fund	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	,	State	Zip Code		FEC Identification Number			
	Sacramento Purpose of Disbursement	CA	95814					
Refund of Contribution Candidate Name Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund Candidate Name					Transaction ID : EXPB821 Amount of Each Disbursement this Period 3919.17			
	Senate	Primary Other (speci	General ify) ▼		Memo Item			
	Full Name (Last, First, Middle Initial)							
3.	Mailing Address		Date of Disbursement					
	City	State	Zip Code		FEC Identification Number			
	Purpose of Disbursement				C			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
		ment For: Primary Other (speci	General		Memo Item			
D .	Full Name (Last, First, Middle Initial)				Date of Disbursement			
	Mailing Address				M M / D D / Y Y Y Y			
	City	State	Zip Code		FEC Identification Number			
	Purpose of Disbursement		C					
	Candidate Name	Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: House Disbursen Senate President							
	State: District:	Other (speci	'''y) ▼		Memo Item			
s	UBTOTAL of Disbursements This Page (optional)			·················· >	3919.17			
Т	OTAL This Period (last page this line number only)				24575.93			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

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		9
	X	10

18

NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510	Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16		
Mailing Address 555 Capitol Mall, Suite 510			
City	State	Zip Code	
Sacramento	CA	95814	
Outstanding Balance Beginning This Period			Transaction ID : PAYD769
1.20			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	1.20
B. Full Name (Last, First, Middle Initial) of Debtor of Planned Parenthood Affiliates of (Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	
Outstanding Balance Beginning This Period 32.66			Transaction ID : PAYD770
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	32.66
C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		a	Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Candidates
Mailing Address 555 Capitol Mall, Suite 510			
City	State	Zip Code	-
Sacramento	CA	95814	
Outstanding Balance Beginning This Period 42.80			Transaction ID : PAYD796
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	42.80
SUBTOTALS This Period This Page (optional)		>	76.66
TOTALS This Period (last page this line number o			
TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate lin	ne of Summai	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF 18

FOR LINE NUMBER:
(check only one) 9

x 10

Protecting Choice in California, a pro	ject of Pla	anned Parenthoo	d Affiliates of California			
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California					
Mailing Address 555 Capitol Mall, Suite 510						
City	State	Zip Code				
Sacramento	CA	95814				
Outstanding Balance Beginning This Period			Transaction ID: PAYD833			
468.75						
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period			
0.00	7	0.00	468.75			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):			
Planned Parenthood Affiliates of	California	a	Non Monetary Contribution to Planned Parenthood Northern California Action Fund, ID #C90014242			
Mailing Address 555 Capitol Mall, Suite 510						
City	State	Zip Code				
Sacramento	CA	95814				
Outstanding Balance Beginning This Period			Transaction ID : PAYD834			
449.18						
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period			
0.00	—	0.00	449.18			
C. Full Name (Last, First, Middle Initial) of Debto Planned Parenthood Affiliates of		a	Nature of Debt (Purpose): Non Monetary contribution to We Vote - Nosotros Votomas - PPAMM Committee, ID #C00527226			
Mailing Address 555 Capitol Mall, Suite 510			#600321220			
City Sacramento	State CA	Zip Code 95814				
Outstanding Balance Beginning This Period			Transaction ID: PAYD835			
935.47						
Amount Incurred This Period	Amount Incurred This Period Payment This Period					
0.00		0.00	935.47			
SUBTOTALS This Period This Page (optional)			1853.40			
2) TOTALS This Period (last page this line number) TOTALS This Period (last page this line number only)					
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)						
4) ADD 2) and 3) and carry forward to appropriate) >					

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

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		9
	X	10

18

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Central Coast Action Fund, ID #C90006701 Mailing Address 555 Capitol Mall, Suite 510 State Zip Code Sacramento CA 95814 Transaction ID: PAYD836 Outstanding Balance Beginning This Period 156.11 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 156.11 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary contribution to Planned Planned Parenthood Affiliates of California Parenthood Advocacy Project of Los Angeles County ID #C90006149 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD837 572.08 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 572.08 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Contribution to Planned Planned Parenthood Affiliates of California Parenthood Pasadena and San Gabriel Valley Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code CA 95814 Sacramento Outstanding Balance Beginning This Period Transaction ID: PAYD838 146.29 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 146.29 874.48 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

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X	10

18

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary contribution to Planned Planned Parenthood Affiliates of California Parenthood Action Fund of the Pacific Southwest, ID #C900011412 Mailing Address 555 Capitol Mall, Suite 510 State Zip Code Sacramento CA 95814 Transaction ID: PAYD839 Outstanding Balance Beginning This Period 558.18 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 558.18 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary cont. to Planned Parenthood Planned Parenthood Affiliates of California Orange & San Bernardino Counties Action Fund ID #C90012139 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD840 463.96 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 463.96 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code CA 95814 Sacramento Outstanding Balance Beginning This Period Transaction ID: PAYD845 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2.39 0.00 1024.53 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 15 OF 18

FOR LINE NUMBER:
(check only one) 9

x 10

NAME OF COMMITTEE (In Full) Protecting Choice in California, a pro	oject of Pla	anned Parenthood	d Affiliates of California
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Staff Time - Various unitemized candidates; no candidate exceeds \$200
Mailing Address 555 Capitol Mall, Suite 510			
City State Zip Code Sacramento CA 95814			
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD846
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
90.95		0.00	,
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
	0 17		
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
		7	
1) SUBTOTALS This Period This Page (optional)			90.95
2) TOTALS This Period (last page this line number	r only)		3920.02
3) TOTAL OUTSTANDING LOANS from Schedule			3020.02
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)	3320.02

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 18 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Protecting Choice in California, a project of Planned Parenthood Affiliates of California				C C00556860
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee Blueprint Interactive		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 11EE Connecticut Avenue NW				10 06 2016
1155 Connecticut Avenue, NW Suite 601				Amount
City	State	Zip Code		128.21
Washington	DC	20036		Transaction ID : EDTEALC30 Date of Disbursement or Obligation
Purpose of Expenditure Online Voter Guide & Advertising				10 06 Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District:
Clinton, Hillary, , ,		Oppose	×	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		142.62	Disbur 2016	rsement For: Primary
Per Election for Office Sought	7		2010	Other (specify) ▶
Full Name of Payee Blueprint Interactive		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1155 Connecticut Avenue, NW				
Suite 601				Amount
City	State	Zip Code		4871.79
Washington DC 20036				Transaction ID : EDTEALC31 Date of Disbursement or Obligation
Purpose of Expenditure Online Voter Guide & Advertising; no candidate exceeds \$200 Category/ Type 24E				M 10 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office	Sought: House District:
candidates, Multiple, , ,		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbur 2016	rsement For: Primary General
	1 1			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				5000.00
(a) SUBTOTAL of Unitemized Independent Expenditur	es		. •	
(a) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
OConnor, Rose, , ,	Electronically File	ed1 _	M	M / D D / Y Y Y Y Y
Signature		Date	e 10	27 2016

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 18 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood				FEC IDENTIFICATION NUMBER ▼
Affiliates of California	Jot of Flam		4	C C00556860
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Planned Parenthood Affiliates of California				of Public Distribution/Dissemination
Mailing Address 555 Capitol Mall, Suite 510			Amou	10 06 2016 nt
City	State	Zip Code		2.39
Sacramento	CA	95814		action ID : PDTE107 of Disbursement or Obligation
Purpose of Expenditure Staff Time for Voter Guide & Online Advertising	Purpose of Expenditure Staff Time for Voter Guide & Online Advertising Category/ Type 24E			10 06 7 2016
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District:
Clinton, Hillary, , ,		Oppose	✗ Preside	
Calendar Year-To-Date Per Election for Office Sought		142.62	Disbursemen	, ,
E III Never of Press			1_	other (specify)
Full Name of Payee Planned Parenthood Affiliates of California Memo Item				of Public Distribution/Dissemination
Mailing Address 555 Capitol Mall, Suite 510			Amou	
City	State	Zip Code	— F	90.95
Sacramento	95814		saction ID : PDTE108 of Disbursement or Obligation	
Purpose of Expenditure Staff Time- Various Unitemized Candidates; no car exceeds \$200	ndidate	Category/ Type 24E		10 06 7 2016
Name of Federal Candidate:		x Support	Office Sough	nt: House District:
candidates, Multiple, , ,		Oppose	Preside	ent Senate State:
Caloridal Tour to Bato			Disbursemen 2016	nt For: ☐ Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(a) SUBTOTAL of Unitemized Independent Expenditur	00			
(a) SOBTOTAL OF OTHER MIZE OF MUSPERMENT EXPENDITOR	c 3			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
OConnor, Rose, , ,	Electronically Fil	ed1	M = M /	DED / YEYEY
Signature	Laca onwany 1 w	Dat	e 10	27 2016

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TIEMIZED INDEFENDENT EXPENDITORES				PAGE 18 OF 18 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Protecting Choice in California, a proje Affiliates of California	ect of Planr	ned Parenthood	d	C C00556860	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y Y	
Full Name of Payee Planned Parenthood Affiliates of Californ	nia	X Memo	Item	Date of Public Distribution/Dissemination	
Mailing Address 555 Capitol Mall, Suite 510				10 06 2016 Amount	
City	State	Zip Code		12.02	
Sacramento	CA	95814		Transaction ID : PDTE109 Date of Disbursement or Obligation	
Purpose of Expenditure Data for Voter Guide		Category/ Type 24E		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office	Sought: House District:	
Clinton, Hillary, , ,		Oppose		President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	142.62	Disbur 2016	resement For: Primary	
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination	
				M M / D D / Y Y Y Y	
Mailing Address				Amount	
City	State	Zip Code			
D (5 1)				Date of Disbursement or Obligation	
Purpose of Expenditure		Category/ Type		M M / D D / Y Y Y Y	
Name of Federal Candidate:		Support	Office	Sought: House District:	
		Oppose		President Senate State:	
Calendar Year-To-Date			Disbur	sement For: Primary General	
Per Election for Office Sought	7 - 1 - 7 -			Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	0.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures			•	5000.00	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		• • • • • • • • • • • • • • • • • • • •	
OConnor, Rose, , ,	Flootronicalla Fil	adl	M =	M / D D / Y Y Y Y	
Signature	Electronically Fil	eaj Date	e 10	27 2016	